READ ONLY

USER ROLE TRAINING





READ ONLY ROLE

View client immunization records

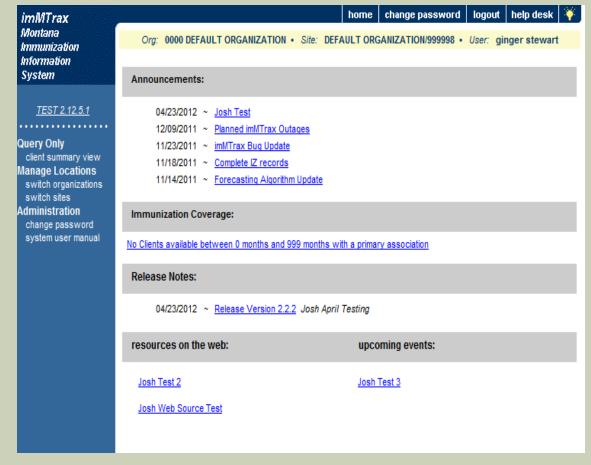
Print client records



The Read Only role and the Read Only with Consent roles do not have the ability to edit or enter immunization information.

HOME PAGE

- Announcements
- Immunization coverage
- Release notes
- Resources on the web



HOME PAGE

- Change password
- Help desk
- Light bulb

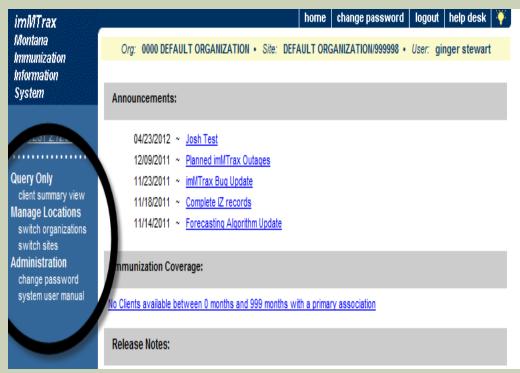


HOME PAGE

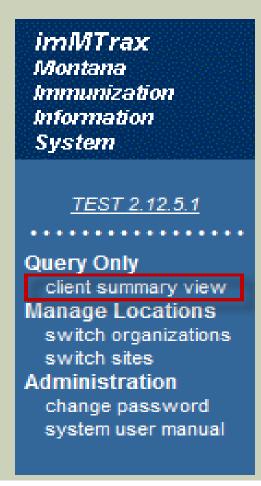
- Client summary view
- Switch organizations
- Switch sites
- Change password
- System user

manual





To search for a client, click on Client summary view.

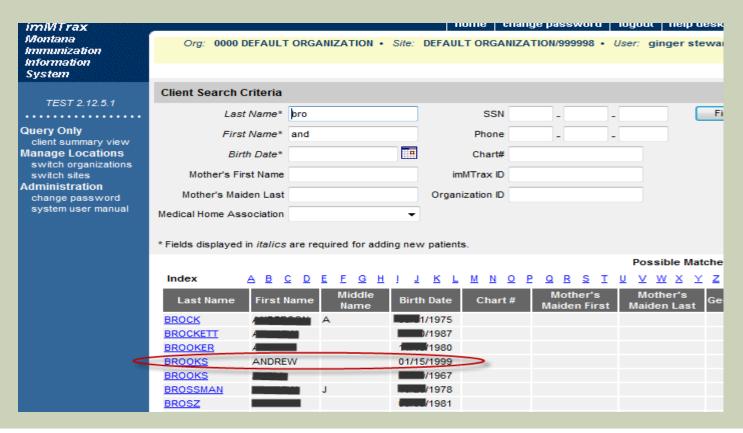


Type in the first few letters of the clients first and last name and click *Find*.

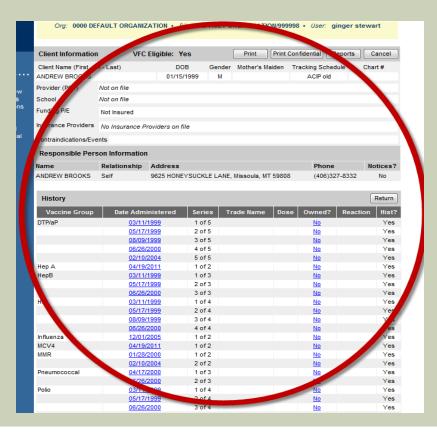
Ex: Andrew Brooks DOB 1/15/1999

imMTrax			home c	hange password	logout	help desk	*
Montana Immunization Information	Org: 0000 DEFAULT	ORGANIZATION • Site.	DEFAULT ORGAI	NIZATION/999998 •	User: gir	nger stewart	
System							
TEST 2.12.5.1	Client Search Criteria						
1EST 2.12.5.1	Last Name*	bro	SSN		-	Find	」)
Query Only client summary view	First Name*	and	Phone	-	-		
Manage Locations	Birth Date*		Chart#				
switch organizations switch sites	Mother's First Name		imMTrax ID				
Administration change password	Mother's Maiden Last		Organization ID				
system user manual	Medical Home Association	-	•				
	* Fields displayed in italics	are required for adding ne	w patients.				

Several names will come up. Click on the client's last name (highlighted in blue) with the correct DOB.

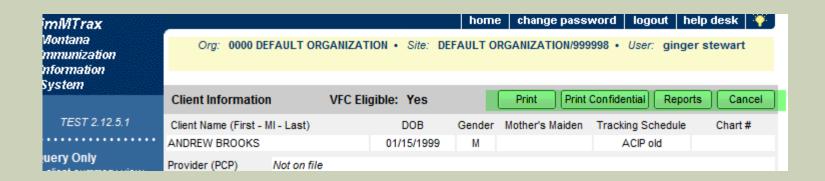


This next screen will give you a snapshot of the client's demographic information and immunization history.



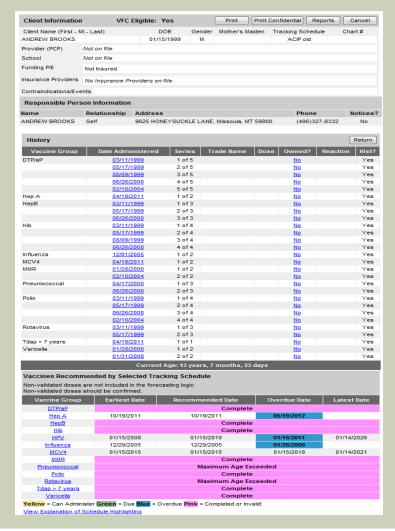
At the top of the screen you will see the following options:

- Print
- Print Confidential
- Reports
- Cancel



PRINT

Print Function –
prints the Client Summary
View screen with the client's full
demographic information,
immunization history, and
recommended vaccinations.



PRINT CONFIDENTIAL

Print Confidential –
prints the complete client
immunization report, but only
limited demographic
information.





NOTE



Td will not show up on the printed

reports unless it is administered

after the 10th birthday.

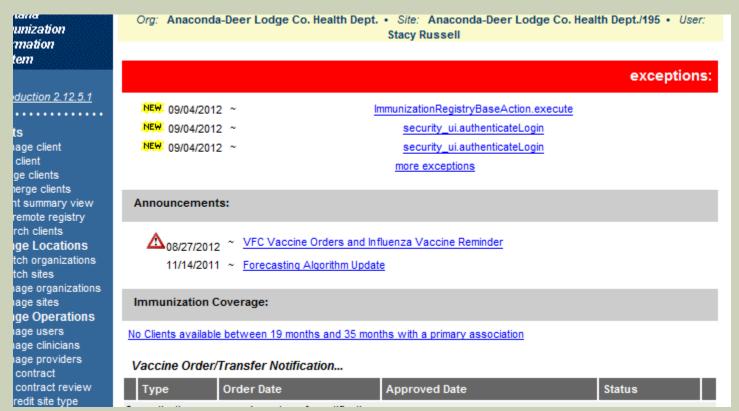
REPORTS

change password 🛮 logout 📗 help desk 🧗 im///Trax Montana Org: 0000 DEFAULT ORGANIZATION • Site: DEFAULT ORGANIZATION/999998 • User: ginger stewart *Immunization* Information System Client Information VFC Eligible: Yes TEST 2.12.5.1 Client Name (First - MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart# Reports -ANDREW BROOKS 01/15/1999 ACIP old Query Only Address 9625 HONEYSUCKLE LANE, Missoula, MT 59808 (406)327-8332 client summary view gives a list of 4 Client Manage Locations switch organizations Reports Available for this Client switch sites **Immunization Reports** Administration Report Description Additional Information change password system user manual Displays demographics, contact Site to choose from. Vaccine information, immunization history, as Administration Land **ENGLISH** well as immunizations available Displays demographics, registry Complete None data, contact information, as well as <u>Immunization</u> detailed immunization history. Displays demographics, contact information, immunization history, as None Needed well as immunizations needed Displays Form HES-101, the School Entry School/Child Care Certificate of None Immunization Cancel Registry reports are best viewed with Adobe Acrobat Reader 5.0 or later. Earlier versions of Get Acrobat Adobe may work, but there will probably be formatting differences. If you do not have a qualifying

aliak tha Adaha imaga ta tha laft ta dawalaad tha aurrant yarniga af Aarahat Daadar, la

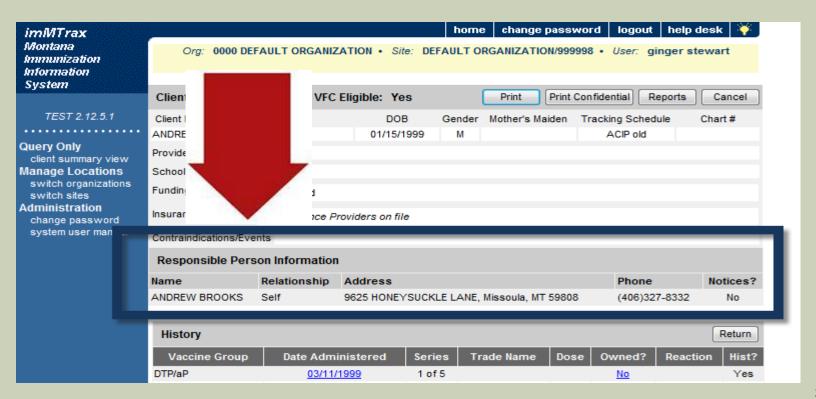
CANCEL

The Cancel option takes you back to <u>your organizations</u> home page.



RESPONSIBLE PERSON(S) INFORMATION

The Responsible Person(s) Information section gives brief information about the responsible person(s) for the client.

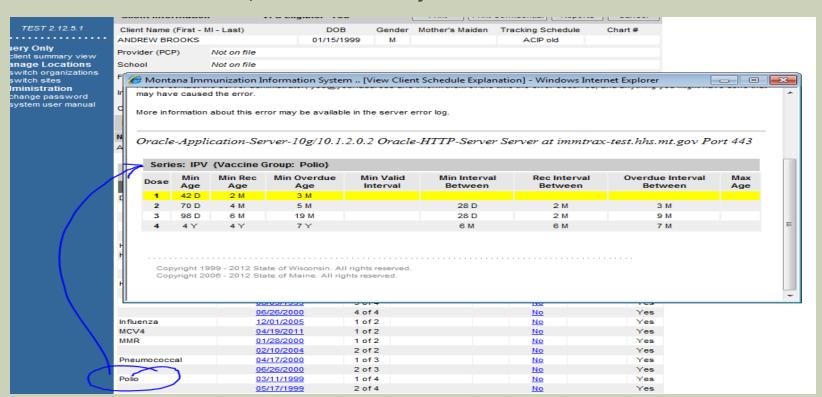


The *History* section gives the immunization history of the client by vaccine name, date of administration, series, trade name, dose, owner, reactions, and history all explained in the following

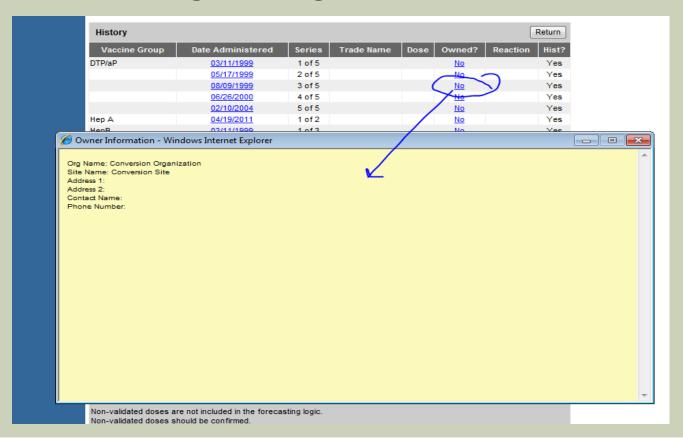
slides.

	Client Information	n VFC	Eligible: Ye	es	Print	Print Confid	ential R	eports	Cancel		
5.1	Client Name (First - N	MI - Last)	DO	B Gen	der Mother's Ma	aiden Trac	king Sched	ule Ch	nart#		
	ANDREW BROOKS		01/15/1	1999 N	1		ACIP old				
view	Provider (PCP)	Not on file									
ons	School	Not on file									
ations	Funding P/E	Not Insured									
ord	Insurance Providers No Insurance Providers on file										
anual	Contraindications/Eve	ents									
	Responsible Pers	son Information									
	Name	Relationship	Address				Phone		Notices?		
	ANDREW BROOKS	Self	9625 HONE	SUCKLE LA	NE, Missoula, MT	59808	(406)32	7-8332	No		
	History								Return		
	Vaccine Group	Date Admi	nistered	Series	Trade Name	Dose (Owned?	Reaction	Hist?		
	Втелае	03/11/		1015			140		res		
		05/17/		2 of 5			No		Yes		
		08/09/		3 of 5							
							No No		Yes		
		06/26/2	2000	4 of 5			No		Yes		
	Hep A	06/26/2 02/10/2	2000 2004	4 of 5 5 of 5			No No				
П	Hep A HepB	06/26/2	2000 2004 2011	4 of 5			No		Yes Yes		
		06/26// 02/10// 04/19//	2000 2004 2011 1999	4 of 5 5 of 5 1 of 2			No No No		Yes Yes Yes		
		06/26// 02/10// 04/19// 03/11/	2000 2004 2011 1999	4 of 5 5 of 5 1 of 2 1 of 3			No No No No		Yes Yes Yes Yes		
		06/26// 02/10// 04/19// 03/11// 05/17// 06/26// 03/11//	2000 2004 2011 1999 1999 2000	4 of 5 5 of 5 1 of 2 1 of 3 2 of 3 3 of 3 1 of 4			No No No No No No		Yes Yes Yes Yes Yes Yes Yes Yes		
	НерВ	06/26// 02/10// 04/19// 03/11// 05/17// 06/26// 03/11//	2000 2004 2011 1999 1999 2000 1999	4 of 5 5 of 5 1 of 2 1 of 3 2 of 3 3 of 3 1 of 4 2 of 4			No No No No No No No No		Yes		
	НерВ	06/26// 02/10// 04/19// 03/11// 05/17// 06/26// 03/11// 05/17// 08/09//	2000 2004 2011 1999 1999 2000 1999	4 of 5 5 of 5 1 of 2 1 of 3 2 of 3 3 of 3 1 of 4 2 of 4 3 of 4			No No No No No No No No		Yes		
	НерВ	06/26// 02/10// 04/19// 03/11// 05/17// 06/26// 03/11//	2000 2004 2011 1999 1999 2000 1999	4 of 5 5 of 5 1 of 2 1 of 3 2 of 3 3 of 3 1 of 4 2 of 4			No No No No No No No No		Yes		
	НерВ	06/26// 02/10// 04/19// 03/11// 05/17// 06/26// 03/11// 05/17// 08/09//	2000 2004 2011 1999 1999 2000 1999 1999 1999	4 of 5 5 of 5 1 of 2 1 of 3 2 of 3 3 of 3 1 of 4 2 of 4 3 of 4			No No No No No No No No No		Yes		
	HepB Hib	06/26// 02/10// 04/19// 03/11// 05/17// 06/26// 03/11// 05/17// 08/09//	2000 2004 2011 1999 1999 2000 1999 1999 1999 2000	4 of 5 5 of 5 1 of 2 1 of 3 2 of 3 3 of 3 1 of 4 2 of 4 3 of 4 4 of 4			No No No No No No No No		Yes		

By clicking on the highlighted vaccine administration date, a box will appear showing the schedule information for that vaccine in the series and if it is listed as invalid, the reason why.



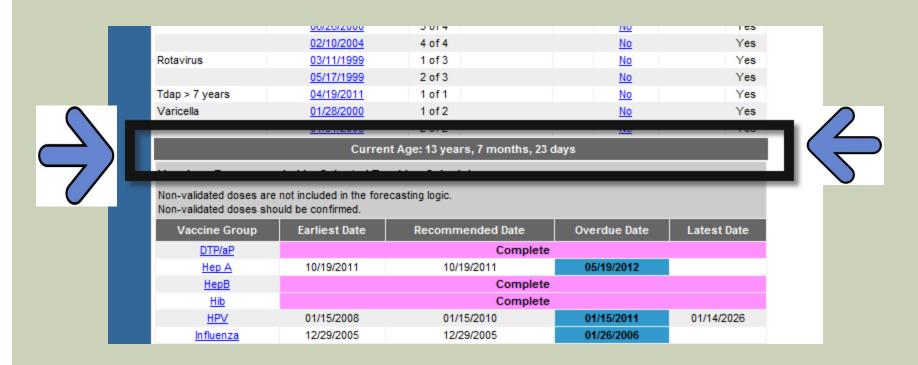
FYI - by clicking on Yes/No under the *Owned* column, you can see who administered the shot - Yes means that your organization gave the vaccine, No means that another organization gave the vaccine



Under the Hist? column, there will be a Yes or No indicating whether the vaccine was entered in as a historical or owned vaccine.

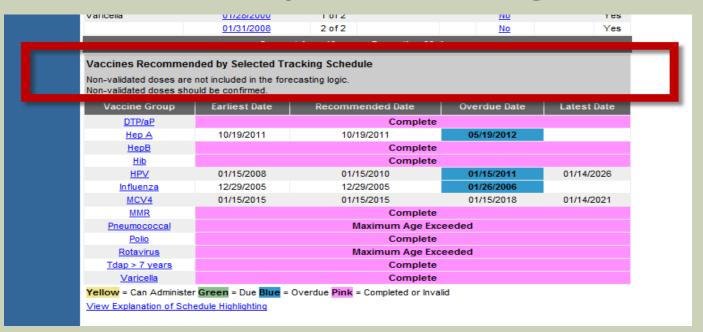
Name	Relationship	Address				Phone		Notice	
ANDREW BROOKS	Self	9625 HONE	/SUCKLE LANE, Missoula, MT 59808			(406)327-8332		No	
History								Retur	
Vaccine Group	Date Adm	inistered	Series	Trade Name	Dose	Owned?	Reactio	His	
DTP/aP	03/11/	/199 <u>9</u>	1 of 5			<u>No</u>		Y	
	05/17	1999	2 of 5			No		Y	
	08/09	1999	3 of 5			<u>No</u>		Ye	
	06/26	2000	4 of 5			<u>No</u>		Y	
	02/10	2004	5 of 5			No		Y	
Нер А	04/19	<u>/2011</u>	1 of 2			No		Ye	
НерВ	03/11/1999		1 of 3	1 of 3		<u>No</u>		Y	
	05/17	1999	2 of 3			<u>No</u>		Y	
	06/26	2000	3 of 3			<u>No</u>		Y	
Hib	03/11	1999	1 of 4			<u>No</u>		V	
	05/17/	1999	2 of 4			<u>No</u>		Y	
	08/09	1999	3 of 4			No		Y	
	06/26	2000	4 of 4			<u>No</u>		Ye	
Influenza	12/01	2005	1 of 2			<u>No</u>		Y	
MCV4	04/19	<u>/2011</u>	1 of 2			<u>No</u>		Ye	
MMR	01/28	2000	1 of 2			No		Ye	
	02/10	2004	2 of 2			<u>No</u>		Ye	
Pneumococcal	04/17	<u>/2000</u>	1 of 3			<u>No</u>		Ye	
	06/26	2000	2 of 3			<u>No</u>		Ye	
Polio	03/11	1999	1 of 4			<u>No</u>		Ye	
	05/17/	<u>/1999</u>	2 of 4			<u>No</u>		Ye	
	06/26	2000	3 of 4			<u>No</u>		Ye	
	02/10	2004	4 of 4			No		Ye	

Below the Immunization History section there will be a gray line that shows the clients age in live time.



VACCINES RECOMMENDED BY SELECTED TRACKING SCHEDULE

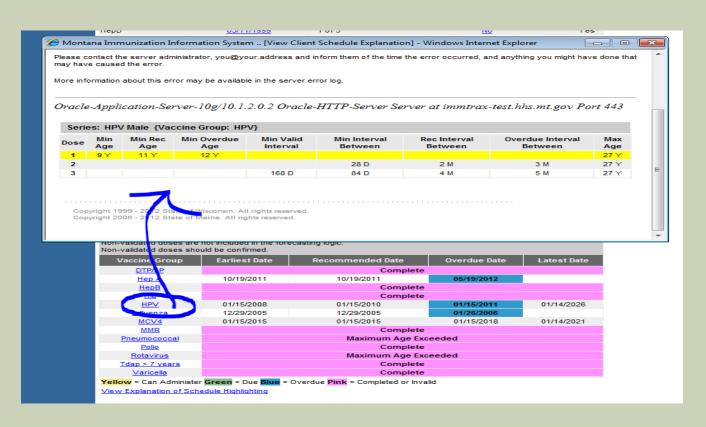
The next section is titled: Vaccines Recommended by Selected Tracking Schedule



We follow the current <u>Advisory Committee on Immunization Practices (ACIP)</u>
Vaccine Schedule Guidelines

VACCINES RECOMMENDED BY SELECTED TRACKING SCHEDULE

By clicking on a *blue highlighted vaccine name*, you will bring up a box with the schedule for that particular vaccine.



VACCINES RECOMMENDED BY SELECTED TRACKING SCHEDULE

At the bottom of the screen, there is an option:

View Explanation of Schedule Highlighting. By clicking on that,

you will see an explanation of the color coding.

